

Vendor EFT/ACH Payment Application

Please print or type

Company Name: _____

Mailing Address: _____

Contact Person: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking or Savings: _____

On behalf of the above named company, we wish to participate in the City of Lewiston's EFT/ACH accounts payable program. We understand that we need to notify the City 30 days in advance of changing our financial institution information. By signing this application below, I certify the validity of the information provided and have the authority to enroll in this program.

Name

Title

Date